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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Cochise State _____
 District or Township Souza or Village _____
 City Souza No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).
 State File No. 31
 Registered No. _____
 2. FULL NAME Patla Beltran
 (a) Residence, No. 1707-17th St N St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED Widow
 (Write the word)
 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
 6. DATE OF BIRTH (month, day and year) _____
 7. AGE Years 54 Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (city or town) (State or country) Mexico
 10. NAME OF FATHER B. Navarro
 11. BIRTHPLACE OF FATHER _____ (city or town) (State or country) Mexico
 12. MAIDEN NAME OF MOTHER Rosita Chavez
 13. BIRTHPLACE OF MOTHER _____ (city or town) (State or country) Mexico
 14. Informant Jose Beltran (Address) 1707-17th St
 15. Filed 8-18-27 O'Connell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 18 1927
 Month Day Year
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to July 20 1927
 that I last saw him alive on July 20 1927
 and that death occurred, on the date stated above, at 6-45 P m.
 The CAUSE OF DEATH was as follows:
Pulmonary Tuberculosis
 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.
 18. Where was disease contracted _____
 If not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Signed) [Signature] M.D.
Aug 19 1927 (Address) Souza, Ariz
 State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).
 19. PLACE OF BURIAL, CREMATION OR REMOVAL Souza Ariz DATE OF BURIAL 8/19/27
 20. UNDERTAKER Porter Thomas Souza ADDRESS _____